

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (950)

## CERTIFICATE OF DEATH

Reg. Dist. No. 254

## 1. PLACE OF DEATH:

County Queen AnneCity or town Queenstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all of life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Queen AnneCity or town Queenstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(d) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Sarah Anne Anthony

## 3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widow

6.(b) Name of husband or wife \_\_\_\_\_

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Aug. 25 - 18558. AGE: Years 90 Months 8 Days 16 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Baltimore, Md  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jesse Dixon13. Birthplace Baltimore, Md.14. Maiden name unknown15. Birthplace "16. Informant Mrs. Margaret A. MatzdorfAddress Queenstown, Md.17. Burial Date thereof May 13 46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Peter's Church yardLocation Queenstown, Md.18. Funeral director John D. WilliamsAddress Easton, Maryland19. May 13 19 46 John M. Hedridge  
(Date rec'd by registrar) (Signature) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 - 19 46 at 5 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION

Found dead in bed =  
Evidently a heart attack -

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. Henry Fisher M. D. or otherAddress Centerville Md Date signed 5/11-46

RECEIVED

MAY 15 1945

BUREAU V.E.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

## CERTIFICATE OF DEATH

Reg. Diat. No. 151254

### 1. PLACE OF DEATH:

County Queen Anne's  
City or town Brownsville  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? see his life  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Queen Anne's  
City or town Brownsville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

William Bedford

### 3. (b) Social Security Number

216-12-1254

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed  
6.(b) Name of husband or wife Idea Bedford  
6.(c) If alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) Sept. 28 - 1870  
8. AGE: Years 75 Months 8 Days 0 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Brownsville, 2d Co. Md.  
(Town, county, and estate)  
10. Usual occupation Laborer  
11. Industry or business Canning factory  
12. Name Abraham Bedford  
13. Birthplace Brownsville, Maryland  
14. Maiden name Annie B.  
15. Birthplace Brownsville, Maryland

16. Informant Perry Handy  
Address Brownsville, 2d Co. Md.  
17. Burial Date thereof May 29 - 46  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Brownsville  
Location Rural Centerville Md  
18. Funeral director Boeth Bros  
Address Centerville Maryland

19. May 28 19 46 Helen M. Aldridge  
(Date reg'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 19 46 at 5 a. M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
Immediate cause of death Suicide  
He shot himself with a shot gun  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions He has been sick for last 4 mos.  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE W. Henry Fisher  
Asst. Coroner  
Address Centerville Md Date signed 5/27-46

MARGIN RESERVED FOR BINDING

VS A15

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JUN 2 1946  
BUREAU OF

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 15094 251

## 1. PLACE OF DEATH:

County Barclay  
 City or town Barclay  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? city life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Ind. County Barclay  
 City or town Barclay  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. —  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war —

## 3. (a) FULL NAME

Barclay, Francis Butler  
 4. Sex M 5. Color of race C 6.(a) Single, married, widowed, or divorced S

## 6.(b) Name of husband or wife

— 6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 23, 1944

8. AGE: Years 1 Months 9 Days 5 If less than one day  
 hrs. min.

9. Birthplace Ind. Barclay Ind.  
 (Town, county, and state)

10. Usual occupation Child

## 11. Industry or business

W. Edmund Butler

13. Birthplace Church Hill Ind.

14. Maiden name Guinea Wannie Dickerson

15. Birthplace Barclay Ind.

16. Informant Guinea Wannie Dickerson

Address Barclay Ind.

17. (Burial, cremation, or removal. Which?) Burial Date thereof May 30, 1946  
 (month) (day) (year)

Cemetery or crematory Barclay Ind.

Location Barclay Ind.

18. Funeral director Edgar L. Lane

Address Church Hill Ind.

May 28 46 Edgar L. Lane  
 (Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 19 46 at 9:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 27 19 46 to Aug 28 19 46

and that I last saw him alive on Aug 27 19 46

Immediate cause of death Route by falling by car

DURATION

Due to Exhaustion while feeding

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Antopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE W. H. Hitecalle M. D. or other

Address Barclay Ind. Date signed 5/28/46

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JUN 6 1946  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 180

## CERTIFICATE OF DEATH

05095

Reg. Dist. No. 254

1. PLACE OF DEATH: Green Anne  
County.....  
City or town..... near Grasonville Md  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... all of life  
Hospital, institution, or street address where death occurred:  
.....  
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State..... Md County..... Green Anne  
City or town..... near Grasonville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

3. (a) FULL NAME  
Wm Thomas Conyer

3. (b) Social Security Number

4. Sex..... Male  
5. Color or race..... col-  
6. (a) Single, married, widowed, or divorced..... Single

6. (b) Name of husband or wife.....  
6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... Aug-12-1900

8. AGE: Years..... 45 Months..... 8 Days..... 30 hrs..... min.....

9. Birthplace..... Grasonville Md  
(Town, county, and state)

10. Usual occupation..... Optician

11. Industry or business.....

12. Name..... Robert J. Conyer

13. Birthplace..... Grasonville Md

14. Maiden name..... Barriett

15. Birthplace..... Grasonville Md

16. Informant..... Raymond Conyer

Address..... Grasonville Md

17. Burial..... Buried Date thereof..... May 12-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Greenwood Chapel Cemetery

Location..... Grasonville Md

18. Funeral director..... John H. Williams

Address..... Edinburg Md

19. May 12 1946 Helen M. Adridge  
(Date read by registrar) For Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 11 1946 at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19..... to..... 19.....  
and that I last saw him..... alive on..... 19.....

Immediate cause of death..... Burned to death - house  
caught fire from oil stove.  
Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings of operations.....  
Date of op.....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Accident Date of..... 5/11-46  
Where did injury occur..... near Grasonville Md  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... Home  
Means of injury..... Supposed explosion Injured at work?

of oil stove.  
23. SIGNATURE..... W. Henry Fisher  
Doc. Gen. Phy.

Address..... Centerville Md Date signed..... 5/11-46



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MAY 15 1946

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore 39  
CERTIFICATE OF DEATH

05096

Reg. Dist. No.

252

## 1. PLACE OF DEATH:

County Luzerne Amber  
City or town Centerville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Luzerne Amber  
City or town Centerville  
(If outside city or town limits, write RURAL and give nearest town)

Street No.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Wretta Deedon

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Infant

8.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 - 1946

8. AGE: Years Months Days If less than one day  
9 hrs. min.

9. Birthplace Centerville Maryland  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name William Deedon13. Birthplace Centerville Maryland14. Maiden name Sadie Baulden15. Birthplace Baltimore Maryland16. Informant Sadie B. DeedonAddress Centerville, MarylandDate thereof May 10 - 46

(Burial, cremation, or removal, which)

Cemetery or crematory CentervilleLocation Centerville Maryland18. Funeral director Barton RossAddress Centerville, MarylandDate signed May 10 - 46

19. (Date rec'd by registrar)

20. Signature Elie Amelung21. Address Centerville Md22. Date signed 5/10-4623. Signature W. Henry Foster24. Address Centerville Md25. Date signed 5/10-4626. Signature W. Henry Foster27. Address Centerville Md28. Date signed 5/10-46

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1946, at 9a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 - 1946 to May 9 - 1946

and that I last saw him alive on May 8 1946

Immediate cause of death Premature birth

DURATION

Due to

Due to

Other conditions Conjunctive weakness

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Henry Foster

M. D. or other

Address Centerville MdDate signed 5/10-46

RECEIVED  
MAY 21 1946  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (PS)

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: Green Anne  
 County.....  
 City or town.....near Chesterton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....Ind. County.....Green Anne  
 City or town.....near Chesterton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME  
Christopher A. Faulkner

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Oct 15 - 1925 8. (c) If alive, give age..... years

8. AGE: Years 20 Months 7 Days 15 If less than one day  
 hrs. .... min.

9. Birthplace Caroline Co.  
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Edgar J. Faulkner13. Birthplace G.A. Co. Ind.14. Maiden name Ella M. Starkey15. Birthplace Caroline Co. Ind.16. Informant Mrs. Ella FaulknerAddress Chesterton Ind. R.F.D.

17. Burial, cremation, or removal, Which? Burial Date thereof June 2 - 1946  
 (month) (day) (year)

Cemetery or crematory HillsboroLocation Hillsboro Md.18. Funeral director Edgar J. LaneAddress Chick Hill Md.19. June 2 19 46 Edgar Lane

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 19 46 at 3:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 ..... 19..... to ..... 19.....  
 and that I last saw h..... alive on ..... 19.....

Immediate cause of death drowning

Due to.....

Due to.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 5/30-46Accident, suicide, or homicide accident Date of.....Where did injury occur?.....  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE W. Henry FisherDeputy CoronerAddress Cantonville Md Date signed 6/2-46

RECEIVED

STATE OF TEXAS

RECEIVED

JUN 6 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

176-0

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

*Qu. Anne*  
**1. PLACE OF DEATH**  
 County *PAE. Home*  
 City or town *Putnam*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution? *1 1/2 hrs*

**2. USUAL RESIDENCE (HOME) OF DECEASED:**  
 (For newborn infants give residence of mother)  
 State *MD* County *PA.*  
 City or town  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2(a) If veteran, name war *WW*

**3. (a) FULL NAME**  
*James P. Jones*

3. (b) Social Security Number

**4. Sex** *M* **5. Color or race** *W* **6. (a) Single, married, widowed, or divorced** *Married*

**6. (b) Name of husband or wife** *✓*

**7. Birth date of deceased (mo., day, yr.)** *1878*

**8. AGE:** Years *68* Months Days If less than one day  
 hrs. min.

**9. Birthplace** *MD*  
 (Town, county, and state)

**10. Usual occupation** *Unknown*

**11. Industry or business** *Unknown*

**12. Name** *James P. Jones*

**13. Birthplace** *Putnam, Md.*

**14. Maiden name** *Putnam*

**15. Birthplace** *Putnam, Md.*

**16. Informant** *James P. Jones*  
 Address *Putnam, Md.*

**17. Burial** *Burial* Date thereof *May 25-46*  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

**Cemetery or crematory** *Putnam, Co. Home*

**Location** *Putnam, Maryland*

**18. Funeral director** *Mrs. Wm. B. Swinby*

**Address** *Centerville, Md.*

**19. May 25-1946** *Elis Armstrong*  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

**20. DATE OF DEATH** *5-25-46* 19*46* at *2* *PM*

**21. I CERTIFY** that death occurred on the date above stated; that I attended deceased from *May 15-46* to *5-20-46* and that I last saw him alive on *5-20-46* 19*46*

**Immediate cause of death** *Automobile accident - hit by automobile*

DURATION

**Due to** *Automobile accident - hit by automobile*

**Due to** *Automobile accident - hit by automobile*

**Other conditions** *None*

(Include pregnancy within 8 months of death)

**Major findings of operations**

Date of op.

**Autopsy results**

**PHYSICIAN:** Please underline the cause to which death should be charged statistically.

**22. VIOLENCE:** If death was due to external causes, fill in the following:

Accident, suicide, or homicide *Accident* Date of *May 15, 1946*

Where did injury occur? *Centerville, Queen Anne's, Maryland*  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) *Public Place*

Means of injury *hit by automobile* Injured at work?

**23. SIGNATURE** *Wm. B. Swinby*

M. D. or other

Address *Centerville, Md.* Date signed *5-25-46*

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JUN 2 1946

BUREAU V E



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05099

Reg. Dist. No. 254

## 1. PLACE OF DEATH:

County Queen Anne'sCity or town Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 54 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?:

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war:

## 3.(a) FULL NAME

Charles Robert Stafford

## 3.(b) Social Security Number

none

## 4. Sex

Male

## 5. Color or race

white

## 6.(a) Single, married, widowed, or divorced

married

## 6.(b) Name of husband or wife

Minerva Alice Greene

## 6.(c) If alive, give age

73 years

## 7. Birth date of

deceased (mo., day, yr.)

July 28 - 1863

## 8. AGE:

Years

Months

Days

If less than one day

83226

hrs.

min.

## 9. Birthplace

Tollet Co. Maryland

(Town, county, and state)

## 10. Usual occupation

Carpenter

## 11. Industry or business

Retired

## FATHER

## 12. Name

Theodore Stafford

## 13. Birthplace

Tollet Co. Maryland

## MOTHER

## 14. Maiden name

Edige Faulkner

## 15. Birthplace

Tollet Co. Maryland

## 16. Informant

Miss John C. Cole

## Address

Queenstown Maryland

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

May 27 - 46

(month) (day) (year)

## Cemetery or crematory

Chesapeake

## Location

Centerville Maryland

## 16. Funeral director

Barton Bros

## Address

Centerville Maryland

## 19.

(Date rec'd by registrar)

May 27 1946

Registar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1946 at 11:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 10 1946 to May 24 1946and that I last saw him alive on May 24 1946

Immediate cause of death

Cerebral Vascular

## DURATION

6 mos

Due to

Due to

Other conditions

Ch. Nephritis2 yrs

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. H. E. Jones

Address

Steversonville

M. D. or other

Date signed May 25/46



CERTIFICATE OF DEATH

RECEIVED  
JUN 2 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05100

★ Reg. Dist. No. 252

## 1. PLACE OF DEATH:

County W. CarrollCity or town W. Carroll  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? one day

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County W. CarrollCity or town W. Carroll  
(If outside city or town limits, write RURAL and give nearest town)Street No. 123  
(If rural, give LOCATION)2.(a) If veteran, name war WW

## 3. (a) FULL NAME

James Lilghman

## 3. (b) Social Security Number

4. Sex M5. Color or race W6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Elizabeth M. Lilghman7. Birth date of deceased (mo., day, yr.) 5-96.(c) If alive, give age 59 years8. AGE: Years 70 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.8. Birthplace W. Carroll  
(Town, county, and state)10. Usual occupation Retired11. Industry or business Retired12. Name Arthur Lilghman13. Birthplace W. Carroll14. Maiden name Mae Lilghman15. Birthplace W. Carroll16. Informant Mae LilghmanAddress W. Carroll17. Burial Date thereof May 28-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory BurwellLocation Burwell18. Funeral director Elmer & LaneAddress Church Hill19. 5-28- 19 46 Elmer Amstrong  
(Date rec'd by Registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 19 46 at 12 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19 46 and that I last saw him alive on May 24 19 46Immediate cause of death Chronic Val. disease

DURATION

Due to HeartDue to HypertensionOther conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE H. J. W. Amstrong

M. D. or other

Address W. Carroll Date signed 5/28 46

MAINTAIN STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF NEW YORK

RECEIVED

JUN 2 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 952

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

## 1. PLACE OF DEATH:

County Luzen Anne'sCity or town Centreville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all his life

Hospital, institution, or street address where death occurred:

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Luzen Anne'sCity or town Centreville  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)2. (a) If veteran, name war 70

## 3. (a) FULL NAME

Alexander Watson

## 3. (b) Social Security Number

none

## 4. Sex

Male

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Minnie Philip Watson

## 7. Birth date of deceased (mo., day, yr.)

May 6 - 1859

## 6. (c) If alive, give age ..... years

## 8. AGE:

Years

Months

Days

If less than one day

87012

hrs.

min.

## 9. Birthplace

Centreville 2d Co. Maryland  
(Town, county, and state)

## 10. Usual occupation

Hostler

## 11. Industry or business

FATHER

## 12. Name

James Watson

## 13. Birthplace

Centreville, Maryland

## 14. Maiden name

Susan

## 15. Birthplace

Don't know

## 16. Informant

Ruth Delores Watson

## Address

Centreville Maryland

## 17. Burial

Date thereof

May 21-46

(Burial, cremation, or removal. Which?)

## Cemetery or crematory

Chesterfield

## Location

Centreville, Maryland

## 18. Funeral director

Barton Bros

## Address

Centreville, Maryland

## 19.

5-21-19-46

(Date rec'd by registrar)

Eliza Armstrong

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 18<sup>th</sup> 1946 at 49 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

May 18<sup>th</sup> 1946 to May 18<sup>th</sup> 1946and that I last saw him alive on May 15<sup>th</sup> 1946

Immediate cause of death

Heart

DURATION

Due to

Family

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. ....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

H. J. Watson

M. D. or other

Address Centreville, MD Date signed 5/20/46

RECEIVED

1946

RECEIVED

RECEIVED

JUN 2 1946

BUREAU V. E.